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TITLE: An Integrated Group Psychotherapy and HIV Prevention Program for HIV+ Individuals Facing Addiction: Lesson Learned from a Pilot Project

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ISSUE: Studies show that a sizeable minority of HIV+ individuals continue to engage in high-risk sexual activity after testing positive for HIV. As a result, there continues to be the need the development of HIV prevention activities that target HIV positive individuals those who abuse alcohol and other substances.

SETTING: The intervention takes place in a community mental health center and targets low income individuals with a dual diagnosis of HIV and an addiction in Atlanta, GA. The unique nature of this project is that it project is that it represents an effort to integrate the components of HIV care and HIV prevention into one model in order to increase both care and prevention effectiveness.

PROJECT: The project utilizes three synergistic HIV prevention strategies consisting of an intensive, five week group intervention followed by triage into individual psychotherapy and linkage with a peer mentor (another HIV+ individual with at least two years recovery). Specific outcomes for the project include the maintenance of low levels of unsafe sexual activity or needle sharing, the maintenance of sobriety and nonparticipation in addiction related behaviors, and an increase in communication and negotiation skills with regard to serostatus disclosure and safer sex.

RESULTS: During the pilot implementation year, 60 individuals enrolled in the risk reduction program. Although 50% of the individuals scored highly on a measure of sexual compulsivity, surprisingly the level of compulsivity was inversely associated with participants' number of sexual activities ($r^2=.72$, $p<.05$) and positively associated with the level of HIV transmission knowledge ($r^2=.68$, $p<.01$). Data were consistent with the maintenance orientation of the project.

LESSONS LEARNED: Data from the pilot year indicated that an integrated HIV prevention/HIV care intervention with this population had great potential, particularly given that many individuals were maintaining a low level of risky sexual behavior despite a high level of sexual compulsivity. However, the integration of the risk reduction program into an existing system of mental health care created the need for staff agency leadership to overcome challenges in order to better understand how mental health care and HIV prevention could work together without compromising the strategies of either tradition. The challenges created by this integrated model and the strategies employed by staff to address these challenges will be presented.

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